

SERIAL NUMBER 09/448,617	FILING DATE 11/23/99	CLASS 704	GROUP ART UNIT 2748	ATTORNEY DOCKET NO. 1416-FBI
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APPLICANT

DALE E. OLSEN, COLUMBIA, MD.

****CONTINUING DOMESTIC DATA*******
 VERIFIED PROVISIONAL APPLICATION NO. 60/109,974 11/25/98

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/27/99 ** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 9
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ADDRESS

CARLA MAGDA KRIVAK OFC OF PATENT COUNSEL
 THE JOHNS HOPKINS UNIVERSITY
 APPLIED PHYSICS LABORATORY
 11100 JOHNS HOPKINS ROAD
 LAUREL MD 20723-6099

TITLE

APPARATUS AND METHOD FOR TRAINING USING A HUMAN INTERACTION SIMULATOR

FILING FEE RECEIVED \$866	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Printed 07/23/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/448,617	11/23/1999	434	3713	1416-FBI

APPLICANT
DALE E OLSEN, COLUMBIA, MARYLAND.

CONTINUING DOMESTIC DATA***
VERIFIED PROVISIONAL APPLICATION 60/109,974 11/25/1998
Kmc

371 (NAT'L STAGE) DATA***
VERIFIED
NONE Kmc

FOREIGN APPLICATIONS***
VERIFIED
NONE Kmc

FOREIGN FILING LICENSE GRANTED 12/27/1999 SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met Allowance	O yes <input checked="" type="radio"/> no O yes <input checked="" type="radio"/> no O Met after	STATE OR COUNTRY MD	SHEETS DRAWINGS 8	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 9
Verified and acknowledged <u>Kmc</u>	Examiner's Name Initials				

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11100 JOHNS HOPKINS ROAD
LAUREL , MD 20723-6099

TITLE
APPARATUS AND METHOD FOR TRAINING USING A HUMAN INTERACTION SIMULATOR

FILING FEE RECEIVED \$\$\$866	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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